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Eugenics In Practice At The Oregon State Hospital

By

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**Senior Seminar: Hst 499
Professor David Doellinger
Western Oregon University
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**Readers
Professor Kimberly Jensen
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In 1908 Dr. R. E. Lee Steiner took over as Superintendent of the Oregon State Hospital.¹ Like so many doctors and superintendents across America, Dr. Steiner was arriving onto the scene of a radical shift in the way people and the governments of the world saw mental illness. During the turmoil of the time period between the 1850s and the 1950s mental health treatment began a shift from patient treatment to patient control. This unique situation caused a split in the field of psychiatry; those with the state institutions, and those seeking better means to help the mentally ill. Eugenics was employed as a form of control over patients, and a protection for society. Sexual policing became government policy, and state mental hospitals became the means by which sexual habits were controlled. Wars were being fought on a world wide scale, and the number of patients that needed treatment was skyrocketing. With insufficient staff, insufficient funding, and severe overcrowding of the state institutions, the need for control of patients became an important issue.² Depression era economics further drained funding from institutions as they needed it more than ever. Doctors and administrators, like Steiner, faced down a rising tide. Hospitals, like Oregon State Mental Hospital, were powder kegs ready to explode.

These conditions caused a shift in the way the state administrators and staff saw the treatment of the mentally unstable. Society shifted medical care from treatment and the attempted reintegration of mentally unstable populations, to permanent housing and control. In an attempt to relieve the stress on the system, the mental health professions reached out for increasingly radical therapies, each one hailed as a miracle cure in its own right. Therapies like eugenics and sterilization were believed to be doorways to healthier lives, and better societies. In reality these therapies were forms of control that eased the burden of the system into which these patients were crammed. These therapies included society's ultimate control measure, eugenics, which included forced sterilization. Aimed at the

¹ Goeres-Gardner, Diane L. *Inside Oregon State Hospital: A History of Tragedy and Triumph*. Charleston: History Press, 2013. 19.

² Grob, Gerald N. *The Mad Among Us: A History of the Care of Americas Mentally Ill*. New York: Free Press, 1994. 104.

elimination of undesirable traits from future generations, many across the nation, and even the world, embraced the philosophy. The state mental hospitals, especially in Oregon and California, embraced the practice, to the point that Oregon had a specialized Eugenics Board to review cases.³ As a result, thousands of sterilizations, both forced and voluntary, were performed in Oregon alone.

It was in 1927, during Dr. Steiner's term as superintendent, that Faye and Katherine were remanded to the Oregon State Mental Hospital, and found themselves under Steiner's care.⁴ Their journeys were remarkably similar. They were both committed through the usual circumstances; having been reported by family and deemed insane by a judge, then they were seen by physicians to confirm the judges assertions. They both had children while under state care. They both had their children taken from them by the state. Finally, they were both sterilized by the State Eugenics Board of Oregon.⁵ A board on which Steiner himself sat, deliberated on, and, as superintendent of the hospital, gave witness testimony to. In order to understand Faye and Katherine's journey, a framework for mental health treatment and societal attitudes must first be established. To get a sense of what was happening to asylums and America at the time, the works and studies of social historians, mental health historians, and many others must be considered.

Four primary themes will be explored in order to understand the journey Faye and Katherine took through the Oregon State Hospital. First, eugenics and the Eugenics movement, both in a medical

3 Oregon State Archives, "Laws of the State of Oregon." 1923 Chapter 194, General Laws of Oregon, 1923. 280 – 284.

4 "HIPAA Resources." Oregon Health Authority : HIPAA Resources : Communicable Disease : State of Oregon. Accessed May 03, 2019.

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/COMMUNICABLEDISEASE/Pages/hipaa.aspx>.

The author has decided, for legal and respectful reasons, to change the name of both cases in this study. Faye's name was changed to be in accordance with HIPAA privacy laws in Oregon and the nation, and due to family needs being respected. The law states that a patients information, that can be used to easily identify him or her, must be redacted when used for study or accessed. As such all names, specific dates, and case numbers have been omitted in relation to Faye. Though loose dates such as month and years are used. For consistency and reasons of respect, Katherine's file has been redacted and names changed or omitted. Even though legally, Katherine's file would have been able to be used as is. In each case a citation for each file is given to help researchers and curious individuals still find each case file, though Faye's file will need to accessed redacted. For more information on The HIPPA laws and rules please visit the cited URL.

5 Oregon State Archives, Oregon State Hospital, Continued Notes, 1, Female Patient Case Files, Box 58, Folder 10.:

Oregon State Archives, Oregon State Hospital, Continued Notes, 1, Female Patient Case Files, Box 55, Folder 36.

and social context will be explored. Sterilization was used to protect society from hereditary factors that could plague future generations. Second, control measures as a factor in the treatment of patients, used as a broader protection for society will be explored. Due to overcrowding and low funding in state mental hospitals across the country, cheap and easy control and treatments were employed, even as there was little science to back up their usefulness. Eugenics and sterilization was one of these chosen treatments. Third, sexual policing led to the incarceration of many in mental institutions, including the two patients in this case study. Changing sexual norms led to policy attempting to control sexual deviancy. Finally, a new version of psychiatry broke from the state institutions evolution towards control over treatment. They called themselves the New or Dynamic Psychiatry. These New Psychiatrists emphasized that cure and reintegration could still be possible through the new scientific methods of the time. Focusing on prior historiographical works, and the patient files of Faye and Katherine, historical trends and societal norms being expressed can be studied. Trends such as the rise in patient numbers indicative of this time frame, versus the rather static movement in staff numbers and funding. This atmosphere of low morale caused by the overcrowding of state institutions saw the need for cheap and effective therapy treatments. This led to the adoption of treatments such as eugenics based sterilization. Sterilization gained political and social acceptance and led to laws on the books supporting forcibly sterilizing many classifications of people. The 1923 Oregon Eugenics Act was the law that created the state board, and the law that both our case study patients were sterilized under. The act set up a framework for which diagnosis could be considered for sterilization, and what the procedure would be. Phrases like; feeble-minded, incorrigible, and sexual immorality all became diagnosis keywords. Keywords for which sterilization, according to the Eugenics Board, was a valid treatment.⁶ These themes are explored through the work of social scientists, social historians, medical historians, and psychiatric professionals.

⁶ Oregon State Archives, "Laws of the State of Oregon." 1923 Chapter 194, General Laws of Oregon, 1923. 280 – 284.

Gerlad Grob's⁷ work, *The Mad Among Us: A History of the Care of Americas Mentally Ill*, takes a look at the rise of mental health issues in Americans between 1860 to 1940. Using patient case files and news reports of the time, Grob explores the experience of the patients and the broader social context of their treatment. As the number of mentally challenged individuals rise, some trends become apparent. State institutions become overwhelmed as more and more patient families, on average in their twenties and thirties, were unable to shoulder the burden of care. The duty became the purview of the state.⁸ Mental health as a profession, up until this time, focused on the theories that a patient could be interned, treated successfully, cured, and returned to society.⁹ As the number of patients grew and the burden transferred to the state, a change in policy was seen as being needed by state officials and staffers at the state hospitals. The creation of the state mental hospital system was a step in this direction. From the beginning of the system they were already playing catch up. This trend was indicative of all of America, but at the time it was the physician's optimism that was driving public policy.¹⁰

A division was emerging between these optimistic physicians and those that believed that permanent institutions for chronically insane and incurable patients were needed. Legislators backed this new kind of institution and it was instituted.¹¹ This debate grew the division in the profession of psychiatry, the optimists that valued institutions geared towards cure, and those geared towards permanent and separate institutions for chronically insane.¹² This debate spawned many different types

⁷ Gerald Grob received his PhD at Northwestern University in 1958. He has taught at Clark University and Rutgers University since 1957. At Rutgers he served as history chair and a founding member of the prestigious Rutgers Institute for Health, Health Care Policy, and Aging Research. He retired in 2000. He was an authority and pioneer in the treatment of the mentally ill.

⁸ Grob, *The Mad Among Us*. 104.

⁹ Grob, *The Mad Among Us*. 103.

¹⁰ Grob, *The Mad Among Us*. 106.

¹¹ Grob, *The Mad Among Us*. 108.

¹² Grob, *The Mad Among Us*. 109.

of policy with many levels of incarceration, with no agreement between states on a clear way forward.¹³

The ever-increasing amount of mentally ill peoples, converging with the fact that the majority of the chronic long term cases were not housed in the system but in the community, caused policy makers to double down on the state hospital system.¹⁴ The shift to long term incarceration had an unintended effect, making the elderly fall under the care of these asylums. In Massachusetts alone the number of elderly cared for went from around 139 in 1885 to around 500 in 1941.¹⁵ This rise in elderly patients was matched by the rise in syphilitic patients. The common factor was that poor, lower class families could not care for either the elderly, or the syphilitic insane. In the early twentieth century around twenty percent of new admittance in New York were syphilitic insane.¹⁶ For many during this time frame with the venereal disease, the asylum would be the place that they died, due to the fact that syphilis caused insanity in later stages, and, until World War II, there was no cure.¹⁷ Mortality rates in institutions were around five times the normal rate during this time period.¹⁸ The change in the functions of state mental hospitals from treatment to permanent housing caused a negative effect on patients and staff alike, and led to some shifts in the way psychiatric professionals would move forward.¹⁹

The evolving psychiatry was spearheaded by new scientific methods and young emerging doctors. As the institution abandoned cures for long term housing, the psychiatrists left the institution.²⁰ Those doctors still associated with the state hospitals began to treat insanity as an administrative and

13 Grob, *The Mad Among Us*. 114.

14 Grob, *The Mad Among Us*. 117.

15 Grob, *The Mad Among Us*. 120.

16 Grob, *The Mad Among Us*. 125.

17 Grob, *The Mad Among Us*. 123.

18 Grob, *The Mad Among Us*. 126.

19 Grob, *The Mad Among Us*. 127.

20 Grob, *The Mad Among Us*. 130.

social concern.²¹ As the new psychiatrists focused on physical causes of insanity, and laboratory research, they began to advocate for the evolution of society. The new psychiatry was entangled in the Progressive Movement of the time. They began the avocation of isolationist policy like the banning of undesirables, and forced sterilization.²² Undesirables at the time were those deemed sexually different from societal norms, ethics peoples, immigrants, the criminal, and the poor. The model of New Psychiatry was called Dynamic Psychiatry, and emphasized family history, and relational connections as part of somatic causes to mental insanity.²³ The belief that all disease had a somatic component and could therefore be quantifiable, and subsequently cured, fueled the growing ranks of, and credibility of this Dynamic Psychiatry.²⁴

The changing of social norms throughout the U.S. in response to evolving sexual attitudes affected this new Dynamic Psychiatry. Especially when women, deemed shameless or hyper-sexual, were concerned. They began to police sexuality as sexual deviancy. Sexual deviancy was seen as psychopathy in white women and it became the basis for state asylums to police and treat.²⁵ Mental insanity was believed to be caused by immoral behavior, and mental health, the benefit of a moral life.²⁶

These policies led to the first laws restricting marriage for the purpose of weeding out undesirable traits to society. Traits like hereditary disease and criminal behavior. This was tied to other laws banning and restricting immigration to eliminate criminal and immoral peoples as a way to improve future generations between the 1920s and 1930s.²⁷ Dynamic Psychiatrists never fully got on board with the ideas of eugenics however. It conflicted with their policy of study and treatment. If

21 Grob, *The Mad Among Us*. 131.

22 Grob, *The Mad Among Us*. 141.

23 Grob, *The Mad Among Us*. 142.

24 Grob, *The Mad Among Us*. 145.

25 Grob, *The Mad Among Us*. 151.

26 Grob, *The Mad Among Us*. 151.

27 Grob, *The Mad Among Us*. 159.

insanity was caused by hereditary means, treatment would be futile, and cure unreachable.²⁸ However policy makers did not agree. In 1907 the first mandatory sterilization laws were enacted in Indiana. By World War II thirty states followed Indiana's example. 18,500 mentally ill patients were sterilized during this time, California boasting the most aggressive program.²⁹

The state mental hospital system continued to grow at a rapid rate, with significant demographic information forming. Using the 1910 U.S. Bureau of Census, 63.5 percent of male inmates were single, 6.6 percent were divorcees or widowers, and 26.4 percent were married. In females, 41.7 percent were single, 15.7 percent were divorcees or widowers, and 40.4 percent were married. The majority of patients, as revealed by this data, had no spouse or other family members to take care of them.³⁰ In 1900 to about 1920, mental health fell under the control of political bodies and state boards.³¹ This politically guided mental health care led to the introductions of radical therapies by hospitals and researchers in the U.S. Each therapy hailed as a miracle cure, but were backed by very little actual science.³²

This leads us to the work of Doctor Joel Braslow, *Mental Ills and Bodily Cures*. Braslow is an expert on the use of treatment as control.³³ As stated by Grob above, the California State Hospital System grew as fast, if not faster, as any other state's system. From 1857 to 1941 no less than eleven state hospitals were constructed to house the ever-increasing numbers of insane peoples.³⁴ Braslow uses

28 Grob, *The Mad Among Us*. 160.

29 Grob, *The Mad Among Us*. 161.

30 Grob, *The Mad Among Us*. 166.

31 Grob, *The Mad Among Us*. 172.

32 Grob, *The Mad Among Us*. 184.

33 Currently on the faculty at UCLA in the history and psychology departments. He holds a Ph.D. in History as well as an M.D. in psychiatric medicine. Using the history of Stockton State Mental Hospital (California), case files of patients, and letters and correspondences of both patients and staff, Braslow builds a rather complete picture of what it was like in a mental institution in the time period being looked at.

34 Braslow, Joel T. *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century*. Berkeley: University of California Press, 2005. 15.

Pauline Carter as an example.³⁵ Pauline's journey illustrates the path that most patients traveled, and is important to include as it can provide a comparison to other cases, including the two case files chosen for this study. Pauline's father left them while she was young. Leaving her, her mother, and her sister to move to San Francisco to find a better life on their own. Pauline left school at ten to work because the family direly needed the funds. Her mother-in-law, whom lived with Pauline, her husband, and two children, was often critical and insulting of Pauline. In the early twenties Pauline became mentally unstable. She was paranoid and believed that her neighbors were out to harm her and her family. In return she threatened to poison the neighbor's child and burn their house down. Pauline denies ever doing this. Her husband brought the case to the local court. The court judge had her committed.³⁶ She was handcuffed, and taken from the court house to Stockton State Mental Hospital. After being examined by two doctors, she was deemed insane at the age of thirty. A common story of the early 1920s; a person's family would report, a court would rule, and a hospital would take the charge and incarcerate. Pauline's treatment in the system is typical of the treatment insane peoples received at this time.

Pauline was brought to the institution by a sheriff, still in restraints. She spent her first few weeks in the receiving hospital.³⁷ Pauline spent a few days in the hospital before a doctor would see her. Her interview did not go well. She denied all charges. She had a complete lack of understanding in her situation, could not remember simple calculations, and even said that she could not see any other insane peoples at this institution.³⁸ She did not make a favorable first impression on her doctor. The doctor diagnosed Pauline as a manic depressive. After the diagnosis, Pauline was subject to an interview and questioning by the board of doctors. The doctor's goals were to confirm the diagnosis

35 Braslow, *Mental Ills and Bodily Cures*. 16.

36 Braslow, *Mental Ills and Bodily Cures*. 17.

37 Braslow, *Mental Ills and Bodily Cures*. 18.

38 Braslow, *Mental Ills and Bodily Cures*. 19.

and set out a therapeutic course.³⁹ The interview did not go well and Pauline and the doctors became antagonistic to each other. The board, exasperated, rushed to a therapeutic course, rather than confirm a solid diagnosis. This illustrates the main thesis of Braslow's work; therapy was used as control for patients rather than curative measures.⁴⁰

Pauline was in the system at a crucial time. Patient numbers ever rising, staff and funding numbers remaining static, somewhat necessitated state hospitals to cut corners and find ways to save time and money.⁴¹ Once in the long term care facility Pauline's physicians made regular notes on her progress over the first few months. However, there is only one entry from 1922 to 1926. World War II came and went with practically no entries for her files.⁴² This illustrates a direct connection between the quality of care and the doctor patient ratio being too low.⁴³ This lack of doctors to care for patients led to the asylum being reorganized to control the patients, rather than treat them. For instance, instead of being housed and segregated by diagnosis or treatment course, patients were usually organized by behavior. Leaving large amounts of badly behaved patients in proximity to each other. More to the point, controlling bad behavior became a therapeutic course in name, but control in actuality.⁴⁴ Pauline spent close to thirty years in a cottage for quiet, low mobility patients that were not expected to recover.⁴⁵

Pauline's experience was very common during her time. The isolation and regiment was seen as imposing a level of control and management on the chaotic lives of these poor souls, and thus was counted among therapeutic measures.⁴⁶ The large amount of patients, and low funding and staff ratio, meant that any therapeutic course needed to be cheap, and able to be applied to large groups efficiently.

39 Braslow, *Mental Ills and Bodily Cures*. 20.

40 Braslow, *Mental Ills and Bodily Cures*. 20.

41 Braslow, *Mental Ills and Bodily Cures*. 21.

42 Braslow, *Mental Ills and Bodily Cures*. 26.

43 Braslow, *Mental Ills and Bodily Cures*. 26.

44 Braslow, *Mental Ills and Bodily Cures*. 28.

45 Braslow, *Mental Ills and Bodily Cures*. 28.

46 Braslow, *Mental Ills and Bodily Cures*. 31.

This led to therapies such as hydrotherapy, electroshock therapy, and most important to this study, sterilization coming into wide use.⁴⁷ Physical restraint became a practice, with some professionals denouncing it, and few supporting, but all institutions using it. With the rise of other somatic therapies, restraints were being hailed as barbaric and their use was being relegated to emergency, in policy at least. In practice they remained fully in use to regulate self-harming, violent, and disruptive behavior.⁴⁸ Sedatives, used like restraints, were also a form of control over patient behavior. The practice of using drugs however did help bridge the gap between legitimate science and psychiatric care.⁴⁹ Wet pack hydrotherapy methods also proved more a restraint than a legitimate psychiatric cure. Hydrotherapy was the wrapping of the patient tightly in wet sheets and the submerging of the body in water in order to change the body's chemistry. If a patient was aggrieved, hyper, or even under delirium, submersion in colder water would move them towards a docile mind set. If a patient was depressed, lethargic, or in physical pain, then submersion in hotter water would help to relax and even raise a depressive mental state in the mindset of the patient.⁵⁰ The immobilizing effect of the sheets can clearly be seen. At the time, hydro therapy was widely accepted and used by doctors all over the U.S.⁵¹

Braslow examines California's institutional use of sterilization from the same point of view; that doctors believed they were meeting the social and therapeutic needs of patients.⁵² Braslow demonstrates that these measures were taken to protect future society from the sting of hereditary mental illness.⁵³ As of 1950, half of all sterilizations in the United States were a product of California's program.⁵⁴ Legislators and superintendents alike supported sterilization as therapeutic means.⁵⁵

47 Braslow, *Mental Ills and Bodily Cures*. 32.

48 Braslow, *Mental Ills and Bodily Cures*. 35.

49 Braslow, *Mental Ills and Bodily Cures*. 36 – 37.

50 Braslow, *Mental Ills and Bodily Cures*. 39.

51 Braslow, *Mental Ills and Bodily Cures*. 39.

52 Braslow, *Mental Ills and Bodily Cures*. 55.

53 Braslow, *Mental Ills and Bodily Cures*. 56.

54 Braslow, *Mental Ills and Bodily Cures*. 56.

55 Braslow, *Mental Ills and Bodily Cures*. 58.

Sterilization was used mostly in diagnosis that were hereditary diseases. Though there is clear evidence of using it simply to prevent an undesirable person from breeding. Braslow demonstrates that in some cases, doctors changed or altered a diagnosis in order to smooth the way to a state sanctioned sterilization.⁵⁶ On paper, at least, a doctor rarely advocated sterilization for eugenics purposes, only in relation to therapeutic relief⁵⁷, even if the science showed no clear therapeutic relief. In order to ensure that no complications rose, letters were sent to family members to obtain permission, though that was for simplicity sake, and was not needed by law.⁵⁸ Sterilization was a different process in each sex; vasectomy in men (the removal of the vas deferens tube)⁵⁹, and salpingectomy in women (the removal of a section and then capping off of the Fallopian tubes).⁶⁰ Many times the patient's own cooperation was elicited by promising parole on completion of the procedure.⁶¹

Doctors did not usually espouse either a therapeutic, or social eugenic benefit for women. Doctors justified sterilization as protection from the rigors of parenthood and childbirth.⁶² A typical story of a patient undergoing sterilization can be seen in the case of Loreen Weaver.⁶³ She began having religious visions, and became hysterical. She was admitted to Stockton in 1928. She was brought before a council of doctors and spoke of a terrible and abusive home situation. She was diagnosed with "manic depressive insanity following childbirth."⁶⁴ In this case we see a patient and doctor deciding in concert that sterilization would be beneficial to her future. She had the procedure voluntarily. The idea

56 Braslow, *Mental Ills and Bodily Cures*. 59.

57 Braslow, *Mental Ills and Bodily Cures*. 64.

58 Braslow, *Mental Ills and Bodily Cures*. 60.

59 Braslow, *Mental Ills and Bodily Cures*. 61.

60 Braslow, *Mental Ills and Bodily Cures*. 63.

61 Braslow, *Mental Ills and Bodily Cures*. 64.

62 Braslow, *Mental Ills and Bodily Cures*. 66.

63 Braslow, *Mental Ills and Bodily Cures*. 66.

64 Braslow, *Mental Ills and Bodily Cures*. 67.

of child birth straining the physical and mental capacities of the patient created a plausible basis for both patient and doctor to go forward with the treatment, if not a scientifically accurate one.⁶⁵

Braslow's look at control and therapy can be compared to the works of Mark Largent.⁶⁶ During this time frame nearly twenty-five hundred people had been sterilized in Oregon.⁶⁷ Between 1918 and 1941, Oregon State Hospital sterilized over five hundred people that were placed in the feeble-minded category.⁶⁸ "Feeble-minded" was a catch all diagnosis that targeted anyone that was considered mentally or physically deficient, was a rapist, "pervert", or homosexual.⁶⁹ It does bear significance that Oregon led the way in using full castration on some male, criminal offenders.⁷⁰ Both the case studies that will be detailed latter in this paper contain some physician reference of the patient being feeble-minded or mentally deficient. In the United States as a whole the Eugenics movement gained momentum in the 1900s and hit its height around the 1930s, but continued into the 1980s in some places.⁷¹

Eugenics was so prevalent, that Oregon even sponsored Fitter Family contest at state fairs. Eugenacists would have families fill out questionnaires about mental and physical health, appearance, and productivity.⁷² From the point of view of a eugenics supporter, the goal was to isolate undesirable traits and prevent them from moving to the next generation.⁷³ The state institution was ground zero for the realization of these policies and by 1945 the nation's state hospitals sterilized over thirty-eight

65 Braslow, *Mental Ills and Bodily Cures*. 67.

66 A teacher of American History at many colleges, Associate Dean of Lyman Briggs College at Michigan State, Professor Mark Largent, PhD of history, has authored many books and papers on a variety of historical subjects. His work deals with the history of Eugenics in Oregon, specifically between the dates 1909 and 1983. Seeing as the dates on the case studies are 1927 and deal heavily with Eugenics, this work is of particular worth to the study.

67 Largent, Mark A. "The Greatest Curse of the Race": Eugenic Sterilization in Oregon, 1909-1983." *Oregon Historical Quarterly* 103, no. 2 (2002): 188-209. <http://www.jstor.org/stable/20615229>. 188.

68 Largent, "The Greatest Curse of the Race": Eugenic Sterilization in Oregon. 189.

69 Largent, "The Greatest Curse of the Race": Eugenic Sterilization in Oregon. 190.

70 Largent, "The Greatest Curse of the Race": Eugenic Sterilization in Oregon. 203.

71 Largent, "The Greatest Curse of the Race": Eugenic Sterilization in Oregon. 188 – 189.

72 Largent, "The Greatest Curse of the Race": Eugenic Sterilization in Oregon. 190.

73 Largent, "The Greatest Curse of the Race": Eugenic Sterilization in Oregon. 191.

thousand people.⁷⁴ The trend of sterilization per state was a direct effect of how strong the Progressive Movement was in the area.⁷⁵ The Progressive Movement was a social movement, composed mainly of middle class and above Caucasian people in America. The movement advocated for higher moral fiber in America, and lobbied for policy to enforce it. For instance, it has been stated above, how prolific the sterilization movement was in California, California also had a strong Progressive Movement population.⁷⁶

The Eugenics Movement in Oregon had Dr. Bethina Owens-Adair as a figure head. A celebrated doctor and pioneer in the Pacific Northwest, she was a devotee to the Progressive Movement. She advocated sterilization for the control of criminal offenders, the feeble-minded, and the poor, thinking it more humane compared to other control measures, such as the death penalty or long term imprisonment. In 1917 the Eugenics Board was formed. The board was composed of politicians and state hospital superintendents, and would meet to decide the reproductive futures of inmates and interns at state hospitals and prisons.⁷⁷ During the time frame of the case files used for this study, fifty-nine percent of those sterilized were women.⁷⁸ The groups most targeted by the state were the insane, criminally habitual persons, and “perverts”.⁷⁹

A discussion of eugenics cannot happen without a look at societal views on sex and sexuality. For this the work of John D’Emilio and Estelle Freedman⁸⁰ *Intimate Matters* is vital. As society was changing in many ways, the sexuality of American citizens was also evolving. In society, sex had always been a part of home life regulated by religion, for the sole use of procreation. Those views

74 Largent, "The Greatest Curse of the Race": Eugenic Sterilization in Oregon. 192.

75 Largent, "The Greatest Curse of the Race": Eugenic Sterilization in Oregon. 192.

76 Largent, "The Greatest Curse of the Race": Eugenic Sterilization in Oregon. 192.

77 Largent, "The Greatest Curse of the Race": Eugenic Sterilization in Oregon. 199.

78 Largent, "The Greatest Curse of the Race": Eugenic Sterilization in Oregon. 203.

79 Largent, "The Greatest Curse of the Race": Eugenic Sterilization in Oregon. 203.

80 D’Emilio is a professor of history at the University of Illinois at Chicago and author of many books on sexuality. Estelle B. Freedman is a Professor at Stanford of U.S. History and gender studies, and has written many books on women's issues and gender studies.

began to shift more towards recreational sex without thought of procreation. This marked a rise in intimacy and passion without procreative intent. This shift is proven by Katharine Davis' study of 1000 women and Dr. Clelia Mosher's study of 45 women.⁸¹ These studies used women of various ages and background in order to provide a snapshot of what women thought about sex and sexuality. Seventy-four percent of the women used contraception while many more found casual sexual expression morally fine. This shift was greatly hampered in women by a lack of information regarding the facts of sex and sexuality. The first links to happy marriage and active sex life was made at this time as well, though it was explored under the guise of spiritual unity between spouses.⁸² Still, old prejudices lingered, like men being sexual aggressors and needing sex to be healthy and happy, while women were not sexual beings and had had no necessity for it, outside of procreation. This led to a view that it was women's responsibility to being the limit to men's sexual passions. This discrepancy led to the wide spread use of prostitution to control men's lust towards women. The use of prostitution in the middle-class male may have caused some discord in marriage, or might have been a needed outlet, depending on the marriage. Either way, the use of red-light districts led to a massive upswing in sexually transmitted diseases.⁸³ It was destructive to society and the institution of marriage, as it generally meant that middle class white females were contracting diseases from husbands.

The social hygiene movement spawned from the spread of venereal disease and sought to enact government enforcement of sexual morality.⁸⁴ This new movement tried to educate about sexually transmitted infections in an attempt to eliminate them. However some of their beliefs as a movement were in direct opposition to the newer shift in sexuality. The early 1900s were marked by a shift in

81 D'Emilio, John, and Estelle B. Freedman. *Intimate Matters: A History of Sexuality in America*. Chicago, IL: University of Chicago Press, 2013. 171 – 176.

82 D'Emilio, Freedman. *Intimate Matters*. 177.

83 D'Emilio, Freedman. *Intimate Matters*. 183.

84 D'Emilio, Freedman. *Intimate Matters*. 203 – 208.

legislation aimed at sex workers and immigrants, to limit sex trafficking.⁸⁵ Immigrants were seen as promoting prostitution and the cause of middle class white women getting sexually transmitted infections from their husbands that frequented houses of ill repute. Race became a powerful motivator for those looking to curtail sexual expression in America.

This all led to a greater fight for the right of women to have access to birth control. Likewise, Bohemian culture began to experiment with sexual subculture such as many partners, and marriage not defined by religion or government. The whole of this movement towards sexual expression and freedom was marked by the woman's departure from the domestic lifestyle and adornments. The 1920s marked the roots of the new sexual identity of America. This era was marked with two distinct changes, the acceptance of woman as a sexual being, and a broadening and acceptable public discourse about sex. Sex had become a discussion including both genders.⁸⁶ Birth control and reproductive rights become a debate across America. To the social hygiene movement, birth control meant more children from fit families, and less from the unfit, the poor, or unmarried mothers. The south, ironically, led the way for state sponsored birth control due to its attempts to control black population growth.⁸⁷ A rise in anti-abortion laws rose to match the easing of birth control laws, with many cases of abortion only authorized if the subject agreed to sterilization.

Forced sterilization was an abuse of patients, and the removal of their freewill. For an analysis on abuse of patients in state hospitals, we look at Geoffrey Reaume's work, "Accounts of Abuse of Patients at the Toronto Hospital for the Insane: 1883-1937."⁸⁸ It is the unfortunate fact that abuses did happen. The rise in population and cramped conditions lead to severe over-crowding in institutions.

85 D'Emilio, Freedman. *Intimate Matters*. 208 – 215.

86 D'Emilio, Freedman. *Intimate Matters*. 229 – 235.

87 D'Emilio, Freedman. *Intimate Matters*. 244 – 254.

88 Geoffrey Reaume is currently an associate professor at York University. His study covers critical disability studies, history of people with disabilities, psychiatric survivor/consumer movements, archiving psychiatric survivor and disability history, and health care ethics.

This in turn, meant that staff members of state institutions were overwhelmed by many more patients than they legally were supposed to handle. The fact that the stigma over having a mental illness made for interesting conditions for patients as well. The mentally ill were seen as wholly unreliable source of information, this vulnerable population could come forward with tales of abuse and neglect, but no credibility would be found to their stories.⁸⁹ In one case, a patient named Elsa gave vivid accounts of the abuse she suffered at the hands of the staff of the state institution she was interned at. However, she was very cognizant of the fact that if the staff found out she tried to document the abuses, she would suffer reprisals. Her fear was so great that she didn't write down her accounts until she was released from the institution.⁹⁰ This atmosphere of fear for patients receiving abuse was pervasive in any institution where abuse was frequent, and so for the most part, abuse during the 1920s went undocumented by staff design. In contrast, abuse from patients towards staff was well documented. Staff nurses, orderlies, and doctors being seen as credible sources, these occurrences were always well documented, and patient punishment was always severe. In those cases the reporter was credible staff, therefore it was documented and institutional policy was adhered to. In the cases of patients reporting abusive staff members, the very thing that made them vulnerable and placed into the institution, made them not credible sources. Therefore, their reports were not documented in most cases.⁹¹

During the early twentieth century, restraints became a hot button issue. Strait jackets and more traditional arm, wrist, and feet restraints were used to control patients in elevated states of aggravation and irritation. As these experimental therapies, such as electroshock therapy, gained prominence, the use of these restraints were seen as barbaric and unethical.⁹² Even though most state institutions agreed with that view point, these restraints were never truly abolished, as the need for control was greater

89 Reaume, "Accounts of Abuse of Patients." 68 – 69.

90 Reaume, "Accounts of Abuse of Patients." 70 – 71.

91 Reaume, "Accounts of Abuse of Patients." 68 – 69.

92 Braslow, *Mental Ills and Bodily Cures*. 35.

than the staff could deal with. By staff, they were always seen as critical tools for the protection of themselves and other patients. Isolation in padded rooms became an important way to calm an unruly patient. Reaume's study in Canada show similar trends towards restraint being seen as outmoded and barbaric, but institutions still employed them anyway.⁹³ Sitting in isolation, with arms bound in a jacket, and nothing but a small window to interact with the outside world was a powerful motivation toward better behavior. Given extensive evidence of being confined to bed for weeks at a time, we can easily consider Katharine to fall into the category of the unfortunately abused while in institutional care⁹⁴. The image of the institutions as places of torture and horror is a popular culture embellishment that, when it did occur, was far from the normal situation.⁹⁵

The photo work of Christopher Payne⁹⁶ helps illustrate the ideas of institutions setup as control rather than therapy. The word "Asylum" can be approached from two viewpoints: the strict definition of the word, and its modern use and parlance. Its original meaning, a place of shelter and protection, is illustrated though the letters and writings of an inmate of the Indiana State Hospital, Anna Agnew. She says that within a week of being committed she felt protected and comfortable. Her doctor, Dr. Hestor, stylized himself a protector in the same vein as a father or older brother to the inmates. The other definition, the modern use, being of a prison like situation where the incurably insane are housed to keep the general population safe, and are rife with abuses and horrors behind thick brick walls. An exaggerated conception, though grounded in some truth.

A photo showing the window to a solitary confinement room, which if looked through, can give a sense of what a patient desperately trying to peek out into a world denied them might have gone

93 Reaume, "Accounts of Abuse of Patients." 77 – 78.

94 Continued Notes, 1 - 2, Box 55, Folder 36.

95 Reaume, Geoffrey. "Accounts of Abuse of Patients at the Toronto Hospital for the Insane: 1883-1937." *Canadian Bulletin of Medical History* 14 no. 1 (Spring 1997): 65-106. 66.

96 Christopher Payne is an architectural photographer as well an architect. He has a Masters from the University of Pennsylvania. He has authored four books, each a prolific collection of his photos. The inclusion of his photography as examples in this paper stand as prove to the history, and visual record of the experience of patients in state hospitals. It is an important visual record of what the two patients studied in this paper experienced.

through.⁹⁷ It illustrates the methods used for control rather than curing. The photos of the farming aspect of institutional life, showing farming equipment, barns, dairy barns, and open fields⁹⁸ are a reminder of an actual attempt at therapy long since abandoned. This illustrates how important sustainable practices were to under-funded institutions, as well as the premium placed on occupational therapy. The kitchen pictures, and work shop pictures help illustrate daily life as well as the occupational therapy.⁹⁹ Pictures of hydro therapy in progress and old hydro therapy facilities¹⁰⁰, and restraints used¹⁰¹ help to make real the research of Braslow mentioned above. That therapies were thin disguises for control of patients. The pictures of the unclaimed, cremated remains from Oregon state mental hospital help to realize the end that so many patients experienced.¹⁰²

The new form Psychiatry was evolving into paved the way for many changes in the way mental health was perceived and dealt with. The Dynamic Psychiatry was attempting to prove themselves useful to the medical profession and society at large. Dynamic Psychiatric devotees held out hope that mental illness could be defined in physical terms and treated. Once cured a person could be returned to society as an active and productive member. This caused a break with the traditional members of the psychiatric field who stayed in the fold of the state mental hospital system. Those doctors that stayed in the state system were confronted with an overcrowded system, funding levels not keeping up with institutional needs, and the need to control those in their institutions. Control became the primary factor for institutions needing to deal with large numbers of mentally unstable peoples. This led to attempts to develop therapies that by necessity, needed to be cheap and easily administered to large numbers of patients. Social movements of the time were dealing with a changing view on sexuality. The Progressive Movement and the state governments used policy and law to enforce the traditional view of

97 Payne, and Sacks, *Asylum*. 103.

98 Payne, and Sacks, *Asylum*. 119 – 124.

99 Payne, and Sacks, *Asylum*. 141 – 156.

100 Payne, and Sacks, *Asylum*. 176 – 177.

101 Payne, and Sacks, *Asylum*. 178 – 185.

102 Payne, and Sacks, *Asylum*. 194.

sexuality. This traditional view was centered around marriage and procreation, while the emerging view was centered on enjoyment and happiness. As a result, many in the state institutions were there for various forms of sexual deviancy like sexual immorality and sexually transmitted infections. This led to the institutional use of sterilization in the state hospitals. Eugenics and sterilization was meant to be a way to treat the mentally instability, as well as help improve future generations. In practice however, it turned into a way to prune undesirable peoples from the gene pool. It was used to control patients and enforce a status quo for those who had the power and agency. It is during the turbulent time frame of the 1920s that Faye and Katharine's stories with the Oregon State Hospital begins.

Faye came to the Oregon State Hospital in November of 1927.¹⁰³ Her history was taken, and the doctors examined her. At the time she was a housewife raising children, taking care of a home, and tending to her husband. She was twenty-five at the time of commitment.¹⁰⁴ After an examination, several notes led to the physician's diagnosis. Doctor's made a note of sexual immorality along with a note of auditory hallucinations about God.¹⁰⁵ Information included in the patient's intake notes allows us to construct a picture of her entire life thus far. Faye was born in the year 1902 in Kentucky.¹⁰⁶ She was not your average child. Her sister, in a lengthy letter regarding Faye's family history, reported a history of violence toward other children and extreme nervousness, a condition the family reported was inherited from her grandmother.¹⁰⁷ At some point when she was seven or eight Faye and her family migrated to Oregon.¹⁰⁸

Staff recorded a significant amount of life history was recorded during her intake.¹⁰⁹ At sixteen years old she left school to take various jobs at laundry facilities and pickle factories. She had attained

103 Patient Intake Form, Female Patient Case Files, Box 58, Folder 10.

104 Continued Notes, 1, Box 58, Folder 10.

105 Insane Commitment – Certificate of Examining Physician, 4, Box 58, Folder 10.

106 Insane Commitment – Certificate of Examining Physician, 3, Box 58, Folder 10.

107 Faye's Sister to Dr. R. E. Lee Steiner, Box 58, Folder 10.

108 Faye's Sister to Dr. R. E. Lee Steiner, Box 58, Folder 10.

109 Continued Notes, 1, Box 58, Folder 10.

a sixth grade education at that time. Near the time she turned seventeen she was married to a foreman for a gas company. A year later she had her first of five children with her first husband. She had two children, while three more died in miscarriages. She speaks about her husband going off with another woman, but the file focuses on information the doctors use to diagnose her. They call her feeble-minded, and sexually immoral. She admits to having intimate knowledge of her husband's brother. Her commitment states that she attempted to burn down the house she lived in, though Faye claims that the fire was an accident started by mice and rats. Her diagnosis was psychosis with mental deficiency. She was treated and then sent home to family in Washington in January of 1928, her paperwork stating she is recovered.¹¹⁰

In October 1928 that Faye was committed by her family a second time under unusual circumstances. The family reports that Faye attacked her mother with a knife and then threatened suicide¹¹¹ Faye denies all this in her official paper work.¹¹² While she was released, she had taken a job as a domestic servant, a job that Faye's mother was against her taking, for the man who would become the father of her illegitimate child.¹¹³ It is after this that the family reports an escalation in Faye's mental instability. It is possible that the family had Faye committed due to her relationship with the father, and not so much for mental instability, but no paper work can confirm or deny this.

She was about four months pregnant at the time of her second commitment.¹¹⁴ She was given the exact same diagnosis Psychosis with mental deficiency. The diagnosis is important because it sets her up as a candidate for sterilization, along with the history of sexual immorality. She was referred to the state Eugenics Board in November of 1928. In January of 1929 The State Board of Eugenics of

110 Continued Notes, 1, Box 58, Folder 10.

111 Clinical Record, 1, Box 58, Folder 10.

112 Clinical Record, 2, Box 58, Folder 10.

113 Family Welfare Association to Oregon Mental Hospital Physician, Box 58, Folder 10.

114 Continued Notes, 2, Box 58, Folder 10.

Oregon heard her case. Six doctors, including Superintendent Steiner are present for the deliberation.¹¹⁵ They recommend the operation of salpingectomy. It does bear mentioning that there is a copy of this order signed by the patient.¹¹⁶ The supposed father agreed to pay the adoption fee to make the process easier, and to pay for Faye's housing in the state hospital.¹¹⁷ During this time the State Hospital begins to make arrangements for the child Faye was about to have. At first the state hospital tried to arrange for Faye's sister to take the child. Citing financial hardship and tuberculosis in the family as the reason they do not take the child. Eventually St Agnes Baby Home agrees to take the child.¹¹⁸ Faye gave birth to a healthy baby girl in February of 1929.¹¹⁹ The baby was given over to St. Agnes Baby Home, and adopted out.¹²⁰ A letter informing St. Agnes that Faye has given up all rights to the child appears in her file, but no copy signed by Faye could be located. In March of 1929 Faye was given an operation. Reported as appendicitis and sterilization, it should be noted that the appendix was removed with no active inflammation. It would be indicative of the time period to use the appendix as a cover to go in and perform the sterilization. Faye was then released in May that year. She never returned to a state mental hospital. Faye married the father of the illegitimate child she gave birth to while in the state hospital¹²¹, though she eventually divorced him and remarried. The last papers in her file come from the year 1958. Her son, a married man with three children of his own, is writing to obtain his mother's medical files, as his wife is worried about the hereditary effects of Faye's condition.¹²² The hospital doctor who responds says he will only release it to a family physician, so that proper explanations could be given, and no misunderstanding about her treatment could be inferred. Using redacted

115 The State Board of Eugenics of Oregon, 1, Box 58, Folder 10.

116 The State Board of Eugenics of Oregon, 3, Box 58, Folder 10.

117 Harriet Seely, Family Welfare Association to Second Assistant Physician, Box 58, Folder 10.

118 Faye's Sister to Assistant Physician, Box 58, Folder 10.

119 Oregon State Board of Health to F. Stricker M.D., Childrens Bureau, Box 58, Folder 10.

120 Continued Notes, 2, Box 58, Folder 10.

121 Anne O Schwartzman, Family Welfare Association to Oregon State Hospital, Box 58, Folder 10.

122 Faye's Son David to Oregon State Hospital, 1958, Box 58, Folder 10.

information to locate Faye's death certificate, it was found that Faye passed away at the age of eighty-three in 1985.¹²³

Like Faye, Katherine came to the Oregon State Mental Hospital in 1927. She came to the institution in early June.¹²⁴ She had some high school education, and was working jobs as a house maid. She transferred to the state institution from a private home called the Louise Home in Portland. This was a home for delinquent and sexually immoral girls and women, and Katherine was there under court order. The term "incorrigible" was used as the reason for her being sent there by family. While at the home it was determined that Katherine suffered from gonorrhea, and had become pregnant with an illegitimate child.¹²⁵ She gave birth roughly four months before the transfer to the state institution. Two weeks prior to the transfer, and the main cause of her transfer to the hospital, she began hearing voices from the clock talking to her. Just six days after her transfer to the Oregon State Hospital, she was referred to the State Board of Eugenics of Oregon.¹²⁶

As part of her admitting process to the Oregon State Hospital, she gave a sexual history to the best of her ability. She claimed she had been seduced at the age of sixteen, and it may have been at gun point. Seduced, like the word ravaged, was a euphemism for rape in some cases. She admitted to many different sexual partners. That admission, coupled with the gonorrhea and an illegitimate child, was enough to make her a target of the Eugenics program. She was given a diagnosis of "15-c, dementia praecox," or early onset dementia.¹²⁷

The Eugenics Board met in August that year to hear Katherine's case. In attendance were Doctors W.B. Morse, E.B. Pickel, J. H. Rosenburg, and Frederick D. Stricker. Also in attendance were

¹²³ Oregon, Death Index, 1898-2008. Accessed May 06, 2019. <https://www.ancestry.com/search/collections/ordeath/>.

¹²⁴ Insane Commitment – Certificate of Examining Physician, 6, Female Patient Case Files, Box 55, Folder 36.

¹²⁵ Insane Commitment – Certificate of Examining Physician, 3 – 5, Box 55, Folder 36.

¹²⁶ Continued Notes, 1, Box 55, Folder 36.

¹²⁷ Continued Notes, 1, Box 55, Folder 36

superintendents Steiner and J.N. Smith.¹²⁸ It bears mentioning that the same doctors met to decide the reproductive fate of Faye six months later. After deliberating, the doctors send back a ruling of insane and immoral and recommend a salpingectomy. The surgery was performed in October of that year.¹²⁹ As is usual in these cases, parental consent was also gained and confirmed, to cover the institution and law from any legal action.¹³⁰ Katherine was then paroled to her sister, after a little over a year in the institution, in September of 1928.¹³¹

During her parole she went back to seeking work as a house maid, though she was finding it hard to keep any job for very long. One potential employer asked to see her medical health certificate. While seeing a doctor to obtain this document, she was diagnosed a second time with gonorrhea. She was sent back to the state hospital to undergo treatment in February of 1929.¹³² She was transferred twice from wards in the hospital. According to staff notes, Katherine became disturbed in February of 1931, after recovering from a bout with the flu. She stayed in this disturbed state until May and began to improve. This was her routine in the institution; a few months of notes on her being disturbed and then improving, to be followed by relapse.¹³³ Katherine improved until October of 1931 when she had a mental disturbance again, lasting four months, until quieting down in January of 1932.¹³⁴ These disturbances would leave Katherine confined to her bed for four to six weeks at a time.¹³⁵ This pattern, to a lesser degree, continued until April of 1934. Katherine became sick, and later that month was transferred to the ward that dealt with tuberculosis. In June there was a note that Katherine was

128 State Board of Eugenics of Oregon, 1, Box 55, Folder 36

129 Continued Notes, 1, Box 55, Folder 36

130 Dr. F. Stricker to Dr. Steiner, 10/11/1927, Box 55, Folder 36

131 Dates of Transfer Card, 2, Box 55, Folder 36

132 Continued Notes, 1, Box 55, Folder 36

133 Nurses Continued Notes, 1, Box 55, Folder 36

134 Nurses Continued Notes, 1, Box 55, Folder 36

135 Continued Notes, 2, Box 55, Folder 36

growing weaker. In July Katherine died, in the institution, of Pulmonary Tuberculosis.¹³⁶ Katherine had contracted and died of a disease while under institutional care.

The child born back in 1927 had been transferred to a nursery that cared for children until three years of age. In 1930, the nursery began to look for options on placing the child elsewhere, permanently. Katherine's parents had not been able to care for the child, and no other familial options were forthcoming. The nursery asked the hospital to ask Katherine about the father or other options.¹³⁷ The hospital did ask, but Katherine could not remember who the father was.¹³⁸ The ultimate fate of the child is not contained in the file. It can be said with some confidence that the child was most likely put up for adoption, but it cannot be proven at this point.

There are many similarities between Katherine and Faye's stories. First, they were both young. At the time of first commitment Faye was twenty-five, and Katharine was nineteen. Both had their first children at an early age, while still in their teens. Faye at seventeen or eighteen and Katharine at eighteen or nineteen. Both being patients of the same mental hospital in the same time frame it is easy to imagine they may have met at one point. In fact it can be said, with certainty that both these women were in ward B of the hospital at the same time for at least the month of May 1929.¹³⁹ Both women were in institutions, at least in part for reasons of political policy towards sexual policing. In the case of Katherine, her second commitment was for the sole reason of seeking treatment for gonorrhea.¹⁴⁰ The social hygiene movement in America empowered the state to act as moral policemen, and to seek the removal of each from the gene pool. Both women, like Pauline Carter from Braslow's study, were sent to the commitment process by family, and then ruled insane by a judge with no mental health training. Both women had illegitimate children while under state care, that were taken from them and most

¹³⁶ Notice of Death, Oregon State Archives, Box 55, Folder 36

¹³⁷ Mrs. Azile Aaron to Dr. Steiner, April, 1930, Box 55, Folder 36

¹³⁸ Assistant Physician to Mrs. Azile Aaron, April, 1930, Box 55, Folder 36

¹³⁹ Patient Transfer Card, 2, Box 58, Folder 10: Patient Transfer Card, 2, Box 55, Folder 36

¹⁴⁰ Continued Notes, 1, Box 55, Folder 36

likely adopted away. In the case of Faye we have a long series of correspondences between the hospital and family, the hospital and St. Agnes Baby Home, and the hospital and the Family Welfare Commission leading to the decision. In the case of Katherine, her child was born, and then languished in the nursery for three years. What is not clear is why the baby was not released to Katherine during her initial parole. Both women were given similar diagnoses, one that was deemed hereditary insanity, and treated similarly. Both women were paroled as rehabilitated, and brought back due to relapse.

Both women were sterilized, fairly close to an admittance date; Faye shortly after her second commitment, Katharine shortly after her first. Both were for cases of sexual immorality paired with hereditary mental health defects. The State Board of Eugenics of Oregon would meet every quarter to discuss cases¹⁴¹, and as seen above, Faye and Katherine were each brought before the board in subsequent hearings. Each patient had nearly the exact same board members sitting in judgment over them. Both patients eventually signed and agreed to the sterilization, most likely under promise of relief from symptoms, or of release.

Most importantly both patients were sterilized and treated the same way for their insanity. They were sterilized and held until deemed fit to return to society in Faye's case, or not in Katherine's case. Their treatment was to be subject to the low environmental input, and regimental structure of state hospital life. No medication or other treatments were employed in getting them to that point. This reaffirms Grob's assessment of state hospitals as social control and protection, rather than places of rehabilitation. This also lines up with Braslow's assessments regarding sterilization as a treatment path on its own, as well as a factor of social and political control over undesirables. In Faye's case, treatment, or lack thereof, seemed to work. She had more than fifty years of life after her release, with no record of re-admittance to a mental health facility. Katharine was not as lucky. Languishing in the

¹⁴¹ "Laws of the State of Oregon." General Laws of Oregon, 1923 Chapter 194, 1923.

institution she contracted tuberculosis. It might have been avoidable if she were in the care of family or friends. She died of a disease that she contracted in an institution that was unable to treat it effectively.

Eugenics was used as a form of control. Socially, it was meant to weed out those deemed undesirable. Those were the sexually different, the criminal, the ethnic, and the poor. It was meant to make society better for those who were left. Those were the middle-class whites and higher of this country. By analyzing the case studies of Faye and Katherine, a clear example of the use of eugenics in practice in the 1920s can be studied. The damage done to individuals by such programs can also be assessed. Faye and Katherine were victims of a socially and politically condoned attack. Words such as feeble-minded, incorrigible, and sexually immoral, in the 1920's, could land a person, especially females, in a state asylum. Their agency, voice, and freewill taken away until such time as those in charge deemed them fit. Using policies and flimsy treatment models, doctors were the ones to decide those matters.

As those who suffered from mental health affliction grew in number, the need for treatment shifted from family to the state in the early twentieth century. Still, the need grew and the state hospitals adapted too slowly to deal with the rising need. Doctors and Psychiatrists fumbled for anything that could help the drowning system. Therapies that could be cheaply developed and administered, like sterilization, became a necessity. As funding was failing, the needs rose further. This led to a series of practices and policies that were more for the control of patients, and the protection of society, than for the curing of patients. Control was established under the guise of treatment. Many of the experimental treatments developed in this time period were hailed as miracle cures, and a benefit for society. It bears mentioning that most if not all of these miracle cures are seen as barbaric, and of little to no value to modern medicine.

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